MULTIPLE DEPENDENT CLAIM 09 MAY 2006 SERIAL NO. FEE CALCULATION SHEET FILING DATE (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AS FILED AFTER (703) 305-8421 AFTER I AMENDMENT 1 MAMENDMENT AFTER AS FILED IND. DEP. AFTER IND. DEP. ("AMENDMENT IND. DEP. 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. TOTAL IND A IOIAL IND TOTAL DEP **(**31 **♦**1 TOTAL TOTAL DE CLAIMS TOTAL CLADICS FTO . INCO CRESS COMO U.S. DEPARTMENT of COMMERCE

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